PATENT APPLICATION SERIAL NO.

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

02/20/2002 MDANTE1 00000011 082025 10074061 01 FC:101 740.00 CH Best Available Copy

ATION FEE DETERMINATION RECORD

Apı	olication	or Docket	Number
\neg		O COUNC	1140111001

I EN	LAP	PLI	CAI	ION		DEI	MALITALE	
					A		 0004	

Effective October 1, 2001

							100100 39-1					
CLAIMS AS			S FILED - PART I (Column 1) (Colu			mn 2)	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS		7	7			RAT	E	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			7 minus 20= * -		*		X\$ 9	_		OR	X\$18=	
INE	DEPENDENT C	LAIMS	3 minus 3 = * _				X42	=	-	OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT				+140	=		OR	+280=	
* 16	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTA		-	OR	TOTAL	740.
	CLAIMS AS AMENDED - PART II					CALA		NTITY		OTHER SMALL	THAN	
		(Column 1)		(Colui		(Column 3)	SMA		ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**	= -	=	X\$ 9	=		OR	-X\$18=	
AME	Independent	<u> -</u>	Minus ***			=	X42:	=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	=.		OR	+280=	
					·	•. •. •	TO			ΩB	TOTAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	X\$ 9	-		OR	. X\$18=	
AME	Independent	*	Minus	PENDENT	CL AIM	=	X42=	:		OR	X84=	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+280=	
							TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
_	·	(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S S	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42=			OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			\dashv				
•	of the entry in colu	mn 1 is less than t	ne entry in col	ımn 2, write	o" in col	umn 3.	+140: TOT			೧೪	+280= TOTAL	
**	If the "Highest Nu	mber Previously Pa	aid For IN TH	IS SPACE i	s less tha	n 20, enter "20."	ADDIT. F			OR	ADDIT. FEE	
	***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											